L22000440991

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
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| |

Office Use Only

A. RIVERS



100396353611

10/28/22--01023--013 **60.00

COVER LETTER

| /34 T45 143 /3/22 | e Swimmers LLC | | |
|-----------------------------|---|---|--|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | emitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Tara A. White | | |
| | | Name of Person | |
| | T Mac Little Swimmers LI | .C | |
| | | Firm/Company | |
| | 10511 NW 57th Street | | |
| | | Address | |
| | Coral Springs, FL 33076 | | |
| | | City/State and Zip Code | |
| | white 1773@bellsouth.net | to be used for future annual report notifi | cation) |
| For further information c | oncerning this matter, please c | | curon, |
| Tara A. White | | 954 254-7344 at () | |
| Nume o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: | |

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1 Mac Little Swimmers LLC | | · · · · · · · · · · · · · · · · · · · | |
|--|--|---------------------------------------|------------|
| (<u>Name of the Limited Liabi</u> (A Flori | ility Company as it now appears on our records.) da Limited Liability Company) | | |
| | | | |
| The Articles of Organization for this Limited Liability | Company were filed on 10/12/2022 | and assi | gned |
| Florida document number 1.22000440991 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | | |
| T Mac's Little Swimmers LLC | | | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC" or the ab | breviation "L.I | C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD | ORESS) | | |
| | | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | <u></u> | |
| B. If amending the registered agent and/or register | ed office address on our records, enter the nam | e of the new | registered |
| agent and/or the new registered office address here: | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| Name of New Registered Agent | | . 55 | |
| Tune (1) New Reg. Refer 1 (gen) | | (C) | • • |
| New Registered Office Address: | the registered agent and/or registered office address on our records, enter the name of the new enew registered Agent: **Enur Florida street address** **Enur Florida street address** **Enur Florida ** **Enur Florida ** | | |
| | Enter Florida street address | ro C | ; |
| | , Florida | • | |
| | | Zip Code | |
| New Registered Agent's Signature, if changing Register | ed Agent: | ;; | •• |
| | A section of the sect | <u>ر</u> | |
| I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and | | | |
| accept the obligations of my position as registered (| | | |
| being filed to merely reflect a change in the register | | • | |
| company has been notified in writing of this change | 2. | | |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|--------------------------|----------------|
| AMBR | Marlene J. Bloom | 10511 NW 57th Street | |
| | | Coral Springs, F1, 33076 | ≡Remove |
| | | | □Change |
| AMBR | Michael J. White | 10511 NW 57th Street | ≘∧ dd |
| | | Coral Springs, F1, 33076 | □Remove |
| | | | □Change |
| | | <u> </u> | \ \ \ \ \ \ |
| | | | □Remove |
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| Tara A. White | | | | | | | | | | | |